

Steven L. Kellam, Jailer 212 Barnes Rd. Williamstown, KY 41097

(859) 824-5191

(859) 824-1285

CONFIDENTIALITY - CRIMINAL OFFENSE ACKNOWLEDGEMENT

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agency. I understand that my conduct both i	, an employee with the that the office with which I am employed is a law enforcement inside and outside the office reflects upon the office itself. I
	ny employment, it would reflect negatively upon my office if I nal offense. If I am charged with a criminal offense, I may be of the offense.
	if I am charged and convicted of a criminal offense, from this nediately. I understand this written warning is the only warnin conviction.
	this Acknowledgement implies any employment contract on nd I am an at-will employee, and I can be discharged at any on of the Jailer.
	a "criminal offense" is one that has the possibility of carrying but are not limited to: DUI offenses, misdemeanor and felon
understand that everything in the Grant Counterstand that I am not allowed to discuss a	be provided with information that is confidential. As such, I nty Detention Center Jailer's Office is confidential. I any case pending, or other matter that occurs within the office, if I am found to have violated the confidences of the office, I
	Applicant Signature
	Date

Witness

I UNDERSTAND THAT IF EMPLOYED I AGREE TO BE LIABLE FOR ANY COSTS OF ATTORNEY'S FEES REASONABLY INCURRED FOR THE REIMBURSEMENT OF TRAINING EXPENSES, UNIFORMS OR EQUIPMENT IF VOLUNTARILY EMPLOYED FOR LESS THAN ONE (1) YEAR.

NAME	DATE
WITNESS	 DATE

GRANT COUNTY DETENTION CENTER APPLICATION FOR THE POSITION OF DEPUTY JAILER

PRIOR TO SUBMITTING THIS APPLICATION FORM, APPLICANTS SHOULD CAREFULLY READ THE ATTACHED INFORMATION

ALL REQUIRED DOCUMENTATION MUST BE SUBMITTED WITH THE APPLICATION
APPLICATION MUST BE COMPLETED IN ITS ENTIRETY OR SHALL BE SUBJECT TO
DISQUALIFICATION FOR CONSIDERATION

NAME				1	1
Last	First	Middle	Initial	Social	Security Number
ADDRESS			_		7
Stree	rt .		Apt#	Home phone	Work phone
	•				٠.
City	State	Zip		Other: mobile, e	c.
ARE YOU 21 YEARS OR OL	DER? YES	NO			
OATE AVAILABLE FOR WO	ORK:				
		÷			
EDUCATION HISTOR	Y		÷		
High School:			Address:		
Years attended:	Graduated;	Yes			
				<u> </u>	
College:	Graduated: _	<i>F</i>	Address:		racial the second control of the second seco
Years attended:	Graduated: _	Yes _	NO	Degree:	
Trade or Vocational:			Address		
Frade or Vocational:Years attended:	Graduated:	Yes_	No	Degree:	
SPECIAL SKILLS, COM	PUTER TRAINI	NG, ET	C.		
EMPLOYMENT HISTO Employers	ORY: (If applicab	ile) Pleas	e provide i	nformation regard	ling your last three
Employer and Addres	SS	-			
Employed from	to		Pho	ne#	
Salary:	Position I	leld:	<u>-</u>		
Reason for leaving:					
romotions received:					
Supervisor's Name:					

Employer and Address

Employed from	to	Phone#	
Salary:	Position Held:		
Reason for leaving:			
Promotions received:			
Supervisor's Name:			
•			
Employer and Address			
1 4			
Employed from	to	Phone# _	
Salary:			
Reason for leaving:			
Promotions received:			
Supervisor's Name:			
		•	
MATERITA DA CEDAZIOE A	AND DANK (ifamiliaah)	۵۱	
MILLITARY SERVICE A	MANAN: (II applicati	E)	-
ARE YOU CURRENTLY	EMPLOYED? YES	NO	MAY WE CONTACT YOUR
EMPLOYER? YES NO			
Maya yay ayay baar aayyi	stad of a followy	or miedomaene	- charge (not including
traffic charges) with the ex			r charge (not including

QUALIFICATIONS:

- Must be a U.S. Citizen
- Must be at least 21 years of age
- High School Diploma or equivalent (GED)
- Valid Kentucky Driver's License
- No serious criminal record
 - o No Felony convictions
 - o No Domestic violence convictions
- Must successfully pass the physical agility test
- Vision: 20/20 corrected and normal hearing range
- Must successfully pass a criminal background investigation

REQUIREMENTS:

- An at-will employee
- Submit to drug test
- Required to work weekends
- Required to work all shifts
- Basic computer skills
- 180 day probationary period

- Moderate physical effort is required to walk, run, stoop, kneel, lifting, pushing, bending at the
 waist, and be able to defend oneself.
- Will be required to reimburse training expenses, uniforms or other jail issued property if employed for less than one year unless an agreement is reached with the Jailer.

JOB DESCRIPTION:

- Provide security of inmates
- Oversee the Constitutional care of the jail inmates at the facility
- Prepare jail reports and records regarding daily operations
- Check to ensure policies and procedures and practices of The Grant County Detention Center are being followed
- Oversee that jail equipment is working properly
- Provide security for inmate transports
- Performs related duties as required

EMPLOYEE BENEFITS

- Uniforms furnished
- County Employee Retirement System
- Life Insurance: \$10,000 policy premiums paid by the County
- Earn (1) sick and (1) vacation day each month
- Promotional system
- County contribution for health insurance
- Other benefits such as Dental, Deferred compensation, Flexible Spending, Short-term disability, Accident, etc.

YOU WILL BE REQUIRED TO PROVIDE DOCUMENTATION FROM A LICENSED PHYSICIAN YOU ARE PHYSICALLY FIT TO PARTICIPATE IN THE PHYSICAL AGILITY TEST PRIOR TO PARTICIPATING. YOU WILL ALSO BE REQUIRED TO PROVIDE PROOF OF U.S. CITIZENSHIP, VALID DRIVER'S LICENSE OR STATE ISSUED ID AND DIPLOMA PRIOR TO THE INTERVIEW PROCESS.

least one year).				
1.		·		
_	Name	Address	Phone	
2				
	Name	Address	Phone	
3		<u></u>		
-	Name	Address	Phone	

REFERENCES (give the names of three persons not related to you whom you have known for at

AUTHORIZATION

"I certify that the facts contained in this application are true and complete to the best of my knowledge and understand that, if employed, falsified statements on this application shall be grounds for dismissal.

I authorize investigation of all statements contained herein and the references and employers listed above to give you any and all information concerning my previous employment and any pertinent information they may have, personal or otherwise, and release the company from all liability for any damage that may result from utilization of such information.

I also understand and agree that no representative of the company has any authority to enter into any agreement for employment for any specified period of time, or to make any agreement contrary to the foregoing, unless it is in writing and signed by an authorized company representative.

This waiver does not permit the release or use of disability-related or medical information in a manner prohibited by the Americans with Disabilities Act (ADA) and other relevant federal and state laws."

If employed I further agree to be liable for any costs of attorney's fees reasonably incurred for the reimbursement of training expenses if employed for less than one year.

HOURS
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AUTHORIZATION FOR CRIMINAL BACKGROUND CHECK

with the Grant County Detention Center a Police to perform a criminal background of background check is performed on anyone County Detention Center. I understand the perform an accurate background check. I authorize the Grant County Detention Center previous employers that may be pertinent Detention Center.	check. I understand that a criminal e seeking employment with the Grant ne following information is required to By signing this form, I further agree and noter to retrieve any information from
* Please pr	int legibly*
(First, middle, last name)	<u> </u>
Social Sec	curity Number
/ / Date of Birth	
Race: Gende	r:
Applicant Signature	Date
Background check completed by: Date completed: Criminal History (if any):	

Physical Ability and Fitness Assessment

APPLICANT MUST PROVIDE A MEDICAL RELEASE FROM A LICENSED PHYSICIAN STATING APPLICANT IS PHYSICALLY ABLE TO PARTICIPATE IN THE PHYSICAL AGILITY TEST. The physical agility examination is utilized for selecting and hiring deputies for the Grant County Detention Center.

Test: One Repetition Maximum Bench Press Passing Standard: 50% of body weight

The candidate will push the weight from the chest. Spotters will lower the weight. The lift begins from the down position, not the up position.

Test: One Minute Sit-Up

Passing Standard: 10 Sit-ups

The candidate will lie on the back, knees bent with heels flat on the floor (a partner will hold the feet down). Hands will be behind the head, not interlaced (crossed over the chest). The Sit-up is complete when the candidate touches the elbows to the knees and then returns to a full lying position. During the sit-up, the buttocks will remain on the ground and the shoulder blades will touch the ground prior to the next sit-up. Scoring will be totaled as the number of sit-ups completed within one minute.

Test: 100 Meter Run

Passing Standard: 65 seconds
The candidate will warm up prior to the run. At the designated command, the candidate
will cover the distance as quickly as possible. Scoring will be time needed to run the

course.

Test: Maximum Push-Up Passing Standard: 10 pushups
The candidate begins in the lean and rest position with hands shoulder-width apart and
feet no more than three inches apart. The candidate lowers self until arms are a 90degree angle, keeping the back straight throughout the motion. Scoring is totaled as the
number of correct pushups completed in one minute.

Test: 1 mile run/walk

The candidate will warm up prior to the run/walk. At the designated command, the candidate will cover the distance as quickly as possible. Scoring will be the time needed to run/walk the course.

Please submit your application and medical release to Lieutenant Jacquelyn Bodenhamer at the above address. Any questions please call (859) 824-5191, ext. 11.